

MED - Long Term Care Brain Injury Waiver - Certification Process

Purpose: To determine level of care (LOC) for members applying for the Brain Injury waiver program:

The function of the long term care (LTC) certification process is to assess members for LOC. The certification review provides an objective determination of LOC for the member.

Identification of Roles:

Project Assistant (PA) – provides program support

Review Coordinator (RC) – completes LOC review

Medicaid Medical Director (MMD) – reviews member cases and makes a determination based on the medical record and any supporting documentation. Approves peer reviewer credentials, additions to peer reviewer panel and re-certification of peer reviewer. Oversees peer reviewer decision outcomes.

Peer Reviewer (PR) – external peer reviewer reviewing medical records for a variety of reasons.

Clinical Assistant to the Medicaid Medical Director (CAMD) - reviews cases and makes a determination based on the medical record and additional documentation provided.

Performance Standards:

- Complete 95 percent of LOC determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for SSR within five business days of receipt of complete information. Complete 100 percent within ten business days.

Path of Business Procedure:

Step 1: *“Brain injury”* means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person’s physical, cognitive, or behavioral functions. The person must have a diagnosis from the following list:

Qualifying Diagnosis

Malignant neoplasms of brain, cerebrum.

Malignant neoplasms of brain, frontal lobe.

Malignant neoplasms of brain, temporal lobe.

Malignant neoplasms of brain, parietal lobe.
Malignant neoplasms of brain, occipital lobe.
Malignant neoplasms of brain, ventricles.
Malignant neoplasms of brain, cerebellum.
Malignant neoplasms of brain, brain stem.
Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.
Malignant neoplasms of brain, cerebral meninges.
Malignant neoplasms of brain, cranial nerves.
Secondary malignant neoplasm of brain.
Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.
Benign neoplasm of brain and other parts of the nervous system, brain.
Benign neoplasm of brain and other parts of the nervous system, cranial nerves.
Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.
Encephalitis, myelitis and encephalomyelitis.
Intracranial and intraspinal abscess.
Anoxic brain damage.
Subarachnoid hemorrhage.
Intracerebral hemorrhage.
Other and unspecified intracranial hemorrhage.
Occlusion and stenosis of precerebral arteries.
Occlusion of cerebral arteries.
Transient cerebral ischemia.
Acute, but ill-defined, cerebrovascular disease.
Other and ill-defined cerebrovascular diseases.
Fracture of vault of skull.
Fracture of base of skull.
Other and unqualified skull fractures.
Multiple fractures involving skull or face with other bones.
Concussion.
Cerebral laceration and contusion.
Subarachnoid, subdural, and extradural hemorrhage following injury.
Other and unspecified intracranial hemorrhage following injury.
Intracranial injury of other and unspecified nature.
Poisoning by drugs, medicinal and biological substances.
Toxic effects of substances.
Effects of external causes.
Drowning and nonfatal submersion.
Asphyxiation and strangulation.
Child maltreatment syndrome.
Adult maltreatment syndrome.

If the diagnosis is not listed we will send the review to physician review for diagnosis review.

Step 2: The Brain Injury Functional Assessment or Case Management Comprehensive Assessment will be completed by the case manager and either faxed to 515-725-1349 or uploaded through IMPA.

Step3: Medical Services review staff may be reached by telephone, facsimile or email during regular business hours of 8:00 a.m. to 4:30 p.m. Monday through Friday with the exception of state holidays at the Iowa Medicaid Enterprise facility.

Step 4: It is the goal of Medical Services to provide timely and responsive information when requested by providers and members. URAC standards of completion within 15 days will be followed.

Step 5: The Department of Human Services (DHS) Assessment and Services Evaluation (A.S.E) criteria are utilized by RC to determine if the member meets the LOC based upon the information provided on the LOC certification form, Brain Injury Functional Assessment or Case Management Comprehensive Assessment.

- a. The criteria are located on the share drive at Med Srv/Criteria/All Programs Criteria/012012 LTC_NF Level of care, 012012 LTC_Skilled Level of care and 042012_ICF MR_ Admission & CSR for HCBS
- b. Review staff have access to a desk guide for review which is divided into nine areas:
 1. Cognitive, mood and behavior patterns
 2. Physical functioning and mobility
 3. Skin condition
 4. Pulmonary Status
 5. Continence
 6. Dressing and personal hygiene
 7. Eating
 8. Medications
 9. Communication, hearing and vision

Step 6: When the RC cannot approve the member's LOC based upon the LOC certification form or the case manager's assessment, the case manager is contacted by telephone, e-mail or ISIS milestone in an attempt to gather all available information regarding the member's status prior to taking the case to PR.

Step 7: If not already provided, the RC will obtain the following information:

- a. Member's current diagnoses list
- b. Any additional information needed regarding the member's condition or abilities to assist in LOC determination for the PR.

Step 8: Any RC that is requesting additional information will only request what is needed to complete the review.

Step 9: The PAs do not make clinical decisions or complete clinical interpretation of information.

Step 10: The RC will review the submitted documentation to ensure that the request is complete.

Step 11: Only peer reviewers make denial decisions. Peer reviewers include licensed health care professions in the same category as the attending provider. Denials made by the CAMD will be reviewed by the MMD or other licensed physician. Refer to MED Administrative Functions Peer-to-Peer Conversations for details on this procedure.

BI Assessment

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Iowa Medicaid Enterprise (IME)
Medical Services Unit

Iowa Department of Human Services
BRAIN INJURY FUNCTIONAL ASSESSMENT

PART A VERIFICATION OF HCBS CONSUMER CHOICE

Home- and Community-Based Services (HCBS) My right to choose a home- and community-based program has been explained to me. I have been advised that I may choose: (1) Home- and Community-Based Services or (2) Medical Institutional Services. I choose: <input type="checkbox"/> HCBS <input type="checkbox"/> Medical Institutional Services Signature of Consumer or Guardian or Durable Power of Attorney for Health Care _____ Date _____	
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PART B ASSESSMENT ☐ Initial Review ☐ Continued Stay Review

Consumer Name _____		Social Security Number _____	
Medicaid Number _____		Pay Source: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid Pending	
County of Residence _____	Birth Date _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnic: <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Legal Guardian's Name (if applicable) _____			
Street (consumer or guardian's address) _____	City _____	State _____	Zip Code _____

Agency Providing Services. Must be HCBS Certified Agency
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Attending Physician's Name _____		Telephone Number () _____	
Street _____	City _____	State _____	Zip Code _____

Discharge Planner/Case Manager (On admission the SS-1645 will be sent to the person listed. Fill in name of case manager on the reassessment.)

DHS County Employee _____	Telephone No. () _____	Case Management Agency Employee _____	Telephone No. () _____
Street _____	City _____	State _____	Zip Code _____

Type of Facility: <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> ICF/MR <input type="checkbox"/> Acute <input type="checkbox"/> RCF			
<input type="checkbox"/> RCF/MR <input type="checkbox"/> Specialty <input type="checkbox"/> Hospital <input type="checkbox"/> Other			
Facility Name _____			
Street _____	City _____	State _____	Zip Code _____

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Date Admitted to Facility _____		Date Injury Occurred _____	
Brain Injury Related Diagnosis: _____			
Other Diagnoses: _____			
Medications:			
Name _____	Route _____	Name _____	Route _____

Services	Needed	Days per Week	Hours per Day
Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervision for Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List other programs the consumer has, or may apply for, to provide services:

The information provided in this assessment is used to determine eligibility for the Brain Injury Waiver Program.
Each assessment must be signed by the discharge planner or case manager completing the assessment.

Assessment completed by (please print) _____	Title _____	Date _____
Facility or Agency _____		

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Iowa Medicaid Enterprise (IME)
Medical Services Unit

IOWA FOUNDATION FOR MEDICAL CARE
BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

2. MALADAPTIVE/INAPPROPRIATE BEHAVIOR

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Does not exhibit maladaptive behavior					Assessment #1
Maladaptive behaviors have been modified to socially acceptable levels or eliminated by programming					
Displays maladaptive behaviors - physical intervention required					Assessment #2
Displays maladaptive behaviors - verbal intervention required					
* Check behaviors displayed which require verbal or physical intervention					
1. Self-injurious behavior					Assessment #3
2. Verbal aggression					
3. Physical aggression					
4. Destruction					
5. Stereotypical, repetitive behavior					Assessment #4
6. Antisocial behavior					
* See Attachment					

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

2. MALADAPTIVE/INAPPROPRIATE BEHAVIOR (Cont.)

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
7. Noncompliance					Assessment #1
8. Disruption					
9. Depressive symptoms					
10. Elopement					Assessment #2
11. Aberrant sexual behavior					
12. Mood swings					
13. Eating disorders					
14. Inappropriate/excessive liquid consumption					Assessment #3
15. Abuse of chemicals or alcohol					
16. Obsessive/compulsive behavior					
17. Anxiety					Assessment #4
18. Other - specify in additional notes					

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

3. INTELLECTUAL/VOCATIONAL/SOCIAL

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Intellectual/Cognitive - No deficits or deficits are present but consumer is able to function with minimal assist or adaptive means					Assessment #1
Intellectual/Comitive - Deficits are present which require assistance (Check the areas that require assistance)					
Tell time					Assessment #2
Survival words/signs					
Reading					
Writing					Assessment #3
Number skills					
Problem solving, reasoning					
Memory					
Other - specify in additional notes					Assessment #4
Not age appropriate					

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

3. INTELLECTUAL/VOCATIONAL/SOCIAL (Cont.)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Vocational - no deficits or deficits are present but consumer is able to function with minimal assist or adaptive means					Assessment #1
Vocational - deficits are present which require assistance (check the areas that require assistance)					
Travel to and from work					Assessment #2
Attends work as scheduled					
Uses time clock					
Follows directions/rules					Assessment #3
Maintains attention to task					
Accepts changes in schedule or routine					
Maintains production rate					Assessment #4
Communicates wants/needs					
Performs 1-step task					
Performs 2-3 step task					
Follows written direction					
Other - specify in additional notes					
Not age appropriate					

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

3. INTELLECTUAL/VOCATIONAL/SOCIAL (Cont.)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Community/Social - no deficits or deficits are present but consumer is able to function with minimal assistance or adaptive means					Assessment #1
Community/Social - deficits are present which require assistance (Check the areas that require assistance)					
Transportation/mobility*					Assessment #2
Community skills*					
Shopping*					
Safety*					Assessment #3
Money skills*					
Social/interpersonal skills					
Leisure/recreation skills*					Assessment #4
Telephone use					
Sexuality-knowledge and self-concept					
Other - specify in additional notes					
Not age appropriate					
* See Attachment					

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

4. MOBILITY/AMPUTATION

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Ambulatory - independent					Assessment #1
Ambulatory - independent but with problems of ataxia, balance, and/or sensorimotor deficiencies.					
Independent with assistive device.					Assessment #2
Ambulatory with assistance of staff or with staff in using an assistive or mechanical device					
Wheelchair - dependent					
Wheelchair - independent					Assessment #3
Wheelchair - used daily only for purpose of transportation out of residence					
Other - specify in additional notes					
Not age appropriate					Assessment #4

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

5. MUSCULOSKELETAL FINE OR GROSS MOTOR

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Consumer has no musculoskeletal fine or gross motor disabilities					Assessment #1
Paralysis					
Hemiplegia					
Paraplegia					Assessment #2
Quadriplegia					
Impaired muscle tone					
Contractures					
Scoliosis					Assessment #3
Other - specify in additional notes					
					Assessment #4

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

6. SENSORY/COMMUNICATION

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Vision is not impaired or has been corrected or compensated					Assessment #1
Vision - impaired					
Hearing is not impaired or has been corrected or compensated					
Hearing - impaired					Assessment #2
Speech is not impaired or has been corrected or compensated					
Speech - impaired					
Not age appropriate					Assessment #3
Sensory perception (i.e., taste, smell, tactile, spatial) is not impaired or has been compensated					
Sensory perception - impaired					
Not age appropriate					Assessment #4

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

7. ACTIVITIES OF DAILY LIVING

Functional Assessment Check the category that <u>most</u> accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Self-Help Skills - independent					Assessment #1
Self-Help Skills - prompts requiring no set up or physical assistance					
Self-Help Skills - deficits are present (check area(s) which require physical assistance)					Assessment #2
Dressing/undressing					
Washing/bathing					
Oral hygiene					
Hair care					Assessment #3
Shaving					
Menstrual care					
Other - specify in additional notes					
Not age appropriate					Assessment #4

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IOWA FOUNDATION FOR MEDICAL CARE
BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

7. ACTIVITIES OF DAILY LIVING (Cont.)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Domestic Skills - no deficits or deficits are present but consumer is able to function with minimal assistance or adaptive device					Assessment #1
Domestic Skills - deficits are present (Check area(s) where consumer needs assistance)					Assessment #2
Home skills*					
Food preparation*					
Clothes/laundry care*					
Not age appropriate					Assessment #3
* See Attachment					Assessment #4

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

8. ELIMINATION

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Continent - Bowel and bladder					Assessment #1
Continent with verbal or physical prompts					
Continent except for specified periods of time (e.g., enemas)					Assessment #2
Inappropriate toileting habits					
Incontinent - bladder					
Incontinent - bowel					
Catheter - permanent, temporary, or intermittent					Assessment #3
Suprapubic catheter					
Colostomy					
Ileostomy					
Not age appropriate					Assessment #4

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

9. EATING SKILLS

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	
Independent					Assessment #1
Independent with inappropriate habits					
Semi-independent requiring physical assistance					Assessment #2
Able to take <u>some</u> nourishment orally, but also fed via N-G tube, G-tube, J-tube, or hyperalimentation to maintain nutritional status					
Unable to take nourishment orally, fed via N-G tube, G-tube, or hyperalimentation					Assessment #3
Other - specify in additional notes					
Not age appropriate					Assessment #4

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IOWA FOUNDATION FOR MEDICAL CARE
BRAIN/INJURY WARDEN
FUNCTIONAL ASSESSMENT

10. HEALTH CARE

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that most accurately describes the consumer	Date:	Date:	Date:	Date:	
No health care problems					Assessment #1
Health care problems are present but consumer is able to manage care themselves					
Health care problems are present - consumer requires assistance to manage their care (Check area(s) in which consumer has health problems)					Assessment #2
Seizure disorder					
Cardiac					
Skin related					
G.I. disorders					
Urinary tract					Assessment #3
Weight problems					
Evidence of communicable disease					
Respiratory					
Ventilator					
Oxygen					
Suctioning					Assessment #4
Tracheostomy					
Cardiorespiratory monitor					
Chest physiotherapy					
Nebulizer treatment					
Other - specify in additional notes					

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Annual Assessment #1: Must be signed by case manager or discharge planner.		Annual Assessment #3: Must be signed by case manager or discharge planner.	
Signature		Signature	
Title	Date	Title	Date
Annual Assessment #2: Must be signed by case manager or discharge planner.		Annual Assessment #4: Must be signed by case manager or discharge planner.	
Signature		Signature	
Title	Date	Title	Date

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IOWA FOUNDATION FOR MEDICAL CARE
BRAIN/INJURY WARDEN
FUNCTIONAL ASSESSMENT

Topic: Maladaptive/Inappropriate Behavior

- | | | |
|---|---|---|
| <p>1) <u>Self-Injurious Behavior</u></p> <ul style="list-style-type: none"> - Hitting, slapping - Head banging - Biting - Pulling hair - Scratching - Suicidal tendencies <p>2) <u>Aggression Toward Others</u></p> <ul style="list-style-type: none"> - Hitting - Kicking - Biting - Striking with object <p>3) <u>Destruction</u></p> <ul style="list-style-type: none"> - Tearing - Burning - Throwing - Cutting <p>4) <u>Disruption</u></p> <ul style="list-style-type: none"> - Pestering, teasing - Arguing, complaining - Interrupting - Yelling, screaming - Laughing or crying for no reason - Attention seeking | <p>5) <u>Stereotypical/Repetitive Behavior</u></p> <ul style="list-style-type: none"> - Pacing - Rocking - Grinding teeth - Twirling fingers or object - Smearing feces - Rectal digging - Wandering <p>6) <u>Antisocial Behavior</u></p> <ul style="list-style-type: none"> - Swearing - Inappropriate touching - Lying - Inappropriate body noises - Cheating - Stealing <p>7) <u>Noncompliance</u></p> <ul style="list-style-type: none"> - Refusal to comply - Work at school or home - Breaking established rules <p>8) <u>Depressive Symptoms</u></p> <ul style="list-style-type: none"> - Withdrawn - Low self esteem <p>9) <u>Elopement</u></p> | <p>10) <u>Aberrant Sexual Behavior</u></p> <ul style="list-style-type: none"> - Inappropriate masturbation - Inappropriate hetero or homosexual behavior - Other socially unacceptable sexual behavior <p>A) <u>Mood Swings</u></p> <ul style="list-style-type: none"> - Hyperactive <p>B) <u>Eating Disorders</u></p> <ul style="list-style-type: none"> - Bingeing/purging - Disturbance of body image - Excessive weight loss - Excessive weight gain <p>C) <u>Inappropriate/Excessive Liquid Consumption</u></p> <p>D) <u>Abuse of Chemicals or Alcohol</u></p> <p>E) <u>Obsessive/Compulsive Behavior</u></p> <p>F) <u>Anxiety</u></p> |
|---|---|---|

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BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

- **Transportation**
Schedule, makes travel arrangements
Uses bus, cab, etc.
- **Community Skills**
Accesses police, fire, ambulance, hospital
Uses restaurants, community organizations, clubs, etc.
- **Shopping**
Identifies items needed for purchase
Knows type of store needed for purchase
Identifies location of store
Knows amount of money needed
Makes purchases
Takes items home and puts them away
- **Safety**
Uses keys
Recognizes emergency and dangerous situations
Gets up in morning and gets ready for the day
Goes to bed at night
- **Money Skills**
Understands use of money
Makes purchases
Obtains change correctly
Receives bills for services, i.e., rent, utilities, phone, etc.
Understands need for payment
Arranges payment of bills
Takes paycheck to bank, cashes and/or deposits check
- **Social/Interpersonal Skills**
Cooperates with others
- **Leisure/Recreation**
Identifies enjoyable activities
Initiates/participates - individual activities
Initiates/participates - group activities
Schedules/uses community resources for activities
- **Home Skills**
Cleans house, i.e., dusts, sweeps, mops, cleans bath/kitchen/ windows.
Knows when something is broken and needs repair. Secures repair of broken item. Maintains exterior of house, i.e., sweeps, shovels snow, mows, etc.
- **Clothes Care/Laundry**
Sorts clothes. Uses washer, dryer, detergent. Folds and places clothes in closet/drawers.
- **Food Preparation**
Determines what to eat. Determines what is needed at grocery store.
Goes to store and makes grocery purchases. Prepares food. Sets table and clears. Stores food. Cleans up cooking area.

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Case Management Comprehensive Assessment

This form can be found by using the following link:

<http://www.ime.state.ia.us/docs/470-4694TCMComprehensiveAssessment-Rev1-10.doc>

Forms/Reports:

N/A

RFP Reference:

6.2.6.2

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver- Documentation of Level of Care Determination

Purpose: To provide a LOC determination for members who are applying or recertifying for the Brain Injury Waiver.

Identification of Roles:

Review Coordinator (RC) – completes the level of care review

Performance Standards:

- Complete 95 percent of LOC determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for continued stay reviews within five business days of receipt of complete information. Complete 100 percent within ten business days.

Path of Business Procedure:

Step 1: The RC will data enter LOC determination into Medicaid Quality Utilization Improvement Data System (MQUIDS).

Step 2: The RC will data enter level of care (LOC) outcome into MQUIDS.

Step 3: The RC will enter the approved TBI diagnosis first into MQUIDS under the Medical Data tab. Medications are not required for entry. Diagnosis ICD-9 codes are populated from the AMA ICD-9 manual.

[illegible]

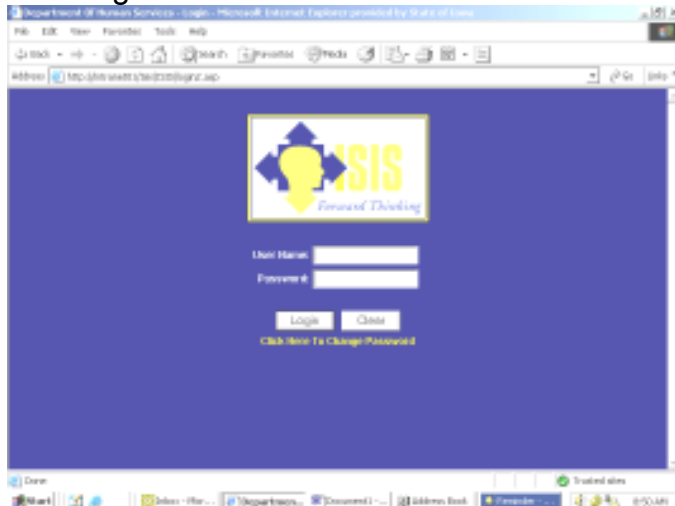
Step 4: If RC still not able to approve LOC, all available information is taken to peer review (PR) for review.

Step 5: The RC will log onto the ISIS system via Internet explorer

<https://secure.dw.dhs.state.ia.us/isis>.

Step 6: The RC will answer milestone.

ISIS Log on Screen



Step 7: Current workload is found by clicking on consumer tab and then My Workload.

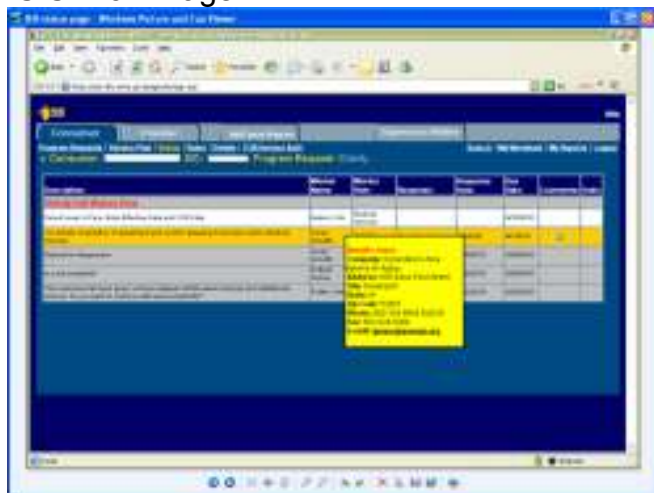
- a. The RC will review the ISIS workload page daily. The workload screen indicates what milestones are due for the RC to respond to for members.

Step 8: The RC will click on view status to review the activity for each member.

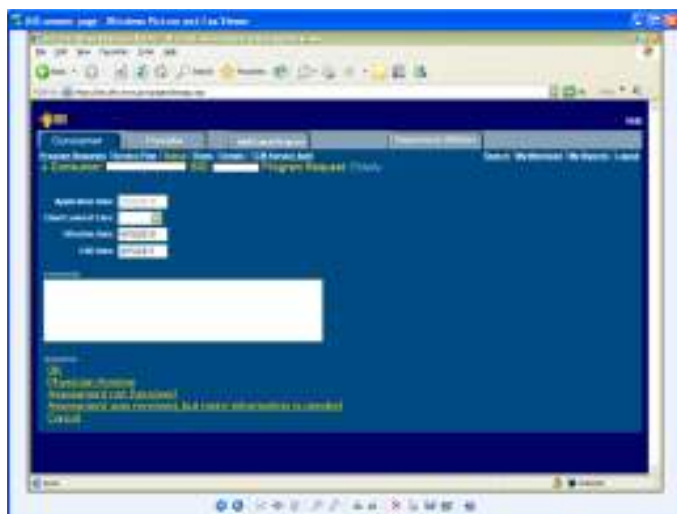
Step 9: The RC will have the ability to review previously completed activity by the DHS worker.

Step 10: The RC will respond from the status page to answer the milestone.

ISIS Work Page



- a. Admission denials are effective from the date of admission.
 1. Continued stay denials must be given timely notice.
- b. The denial goes into effect 15 days following the date the RC receives the denial.
 1. URAC standards of completion within 15 days will also be followed.
- c. ISIS will reflect this timely notice date.



- d. From the WORKLOAD screen, RC will select level of care key task (milestone) and click on respond button to access the LOC screen.
- e. The RC will enter the LOC along with an effective date and a date for a continuing stay review.
- f. Client Level of Care: select the correct level of care from the pull-down menu.
- g. Note that the choice of denied means the member does not meet any of the levels of care.
- h. Effective Date: Enter the date the LOC becomes effective.
- i. Continued Stay Review Date (CSR Date): Enter the date chosen for the continuing stay review.
 - 1. If an entry is not made, the CSR Date will default to one year after the entered Effective Date.
- j. Comments: Allows text entry of information that will be useful to others who will be involved in processing this case.
- k. OK Response: Submits answers chosen above
- l. Cancel Response: Postpones the response

Forms/Reports:

N/A

RFP Reference:

6.2.6.2

URAC Reference:

HUM 17

Interfaces:

N/A

Attachments:

N/A

**MED - Long Term Care Brain Injury Waiver - Level of Care
Determination Lack of Information**

Purpose: To obtain any additional information from the attending physician or case manager that was not provided on the cert form.

Identification of Roles:

Review Coordinator (RC) – when needed will email or send the question in ISIS to the case manager

Project Assistant (PA) – will forward to RC any additional information that is faxed in

Performance Standards:

- Complete 95 percent of LOC determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for continued stay reviews within five business days of receipt of complete information. Complete 100 percent within ten business days.

Path of Business Procedure:

Step 1: If the RC is unable to determine LOC due to lack of information, the RC will contact the case manager or medical professional by telephone, e-mail or ISIS milestone to request additional information.

Step 2: If the medical professional provides additional information, it can be taken over the telephone by the RC, e-mailed or faxed to Medical Services at 515-725-1349. Only information that is necessary to approve the service may be requested.

Step 3: The RC will not require any additional information that is not needed to review for level of care.

Step 4: The RC may also contact the case manager assigned to the case and request additional information about the member. This may include the service plan, assessment, or Consumer Directed Attendant Care (CDAC) agreement.

Step 5: The RC will respond, “assessment received, but more information is needed”, if milestone is due in ISIS, to wait for additional information to be supplied.

Step 6: The RC will again e-mail the case manager and request additional information if not yet received.

Step 7: If the RC does not receive additional information within the referenced time frame, the RC may attempt to obtain additional information or proceed with PR with the

information available. URAC standards of completion within 15 days will also be followed.

Forms/Reports:

N/A

RFP Reference:

6.2.6.2

URAC Reference:

HUM 17

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Assessment Level of Care Not Met

Purpose: To determine if LOC can be approved when identified criteria are not met.

Identification of Roles:

Review Coordinator (RC) – requests physician or consultant review for LOC.

Medicaid Medical Director (MMD) – reviews member cases and makes a determination based on the medical record and any supporting documentation. Approves peer reviewer credentials, additions to peer reviewer panel, re-certification of peer reviewer. Oversees peer reviewer decision outcomes.

Physician Reviewer (PR) – reviews medical records utilized for specialty reviews or when MDD is not available.

Clinical Assistant to the Medicaid Medical Director (CAMD) - reviews cases and makes a determination based on the medical record and additional documentation provided.

Performance Standards:

- Complete 95 percent of LOC determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for continued stay reviews within five business days of receipt of complete information. Complete 100 percent within ten business days.

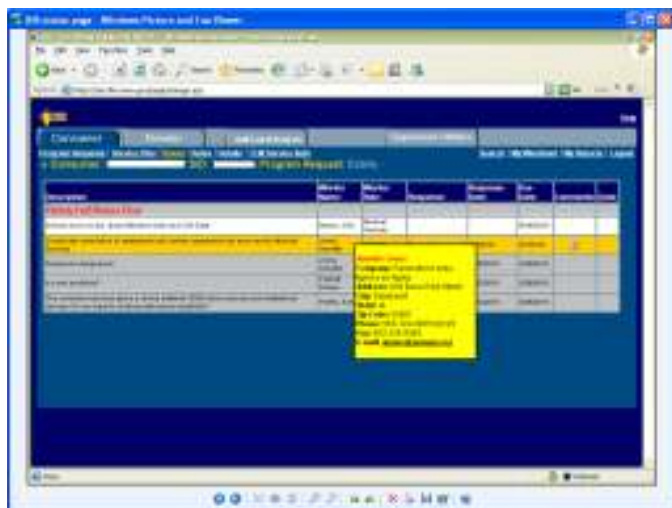
Path of Business Procedure:

Step 1: Upon determination that a LOC request requires a PR the RC will complete a physician/peer review form template in OnBase and attach it to the LOC request.

Step 2: The RC may also complete a telephonic review if needed.

Step 3: The RC will pend the case in ISIS until the PR decision is received.

Step 4: The RC will select PR when answering ISIS milestone on the status page for the member.



Step 5: The RC will open MD router form in Microsoft word.

Step 6: The RC will fill out form as needed to reflect member's review and then fill in the appropriate information on the request.

Step 7: The RC will import form into OnBase and fill out appropriate key words.

- a. This will attach the physician/consultant review request to the LOC request or create letter task will attach MD Router.

Step 8: The RC will then click send to consultant in the tasks bar.

- a. The document then will go to the PR queue.

Step 9: The MMD and/or CAMD may elect to have any request forwarded to an outside PR.

- a. If consultant is outside of office, the RA will confirm by phone that consultant is available and send review packet by fax, courier, email or overnight delivery.
- b. If a LOC request has not returned from the PR within two business days, the document will go to the Follow-up with Consultant queue.

Step 10: The RC will contact PR regarding the status of the review.

Step 11: When the document is returned, the RA faxes it into the LTC workflow and attach to the LOC by clicking on PR/CR Complete from the tasks bar.

Step 12: The RC will send the number of minutes spent by the PR to the RA for logging on keywords tasks. This is not needed if the CAMD or MMD is used for the PR review.

Step 13: The RC will then find the document in the Back from Consultant queue.

Step 14: The RC will click on complete after all information documented and result documented in ISIS.

Step 15: The RC will enter the authorization in ISIS and complete OnBase approval, modification or denial.

Step 16: If the PR results in approval for LOC, the RC will follow the procedures outlined for LOC met.

Step 17: If the PR results in denial determination, the RC will document the denial in ISIS. All denials require a rationale of why the member was denied in the comments section for the milestone.

Step 18: The RC will choose denied in the LOC of care choice in ISIS.

Step 19: The RC will document the PR under the PR tab in MQUIDS.

Step 20: The member is notified of the denial determination from NOD generated from the ISIS system.

Step 21: The RC will put the name and date of denial on the denial spreadsheet in the O drive for review by the URAC auditors.

Forms/Reports:

MD Router Form

Request for Physician Review

DCN:

Date:

Member Name:

Medicaid SID:

Program Name:

☒ Medical Waiver

☐ Nursing Facility

☐ PACE

☐ Other (specify):

☐ MR Waiver

☐ Out of State NF

☐ ICF/MR Facility

Person requesting review:

Ext:

Attending Physician:

Review Type: ☐ Admit

☐ CSR

Facility Discharge Date:

Review Notes (Copy and paste WPM notes; include known facts, concerns, etc.):

.

☐ Approve NF

☐ Approve Skilled

☐ Approve Peds Skilled

☐ Approve ICF/MR

☐ Deny

☐ Uphold previous denial

☐ Approve with time limit:

☐ More information needed:

Peer review rationale for decision:

Please indicate amount of time spent reviewing this case:

External consultants utilized: ☐ Yes ☐ No External consultant(s) name: _____

Peer Reviewer Signature: _____

Date: _____

RFP Reference:

6.2.6.2

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Appeal Process

Purpose: A Medicaid member who disagrees with a Medicaid decision regarding Medicaid services has the right to appeal within 30 days of the date of the notice of decision letter by contacting the local DHS office, by writing a letter to DHS Appeals Section or by filing on line at http://www.dhs.state.ia.us/dhs/appeals/appeal_decision.html. The notice of decision (NOD) letter contains instruction on how to request an appeal. Medical Services provides testimony for assigned appeal hearings.

Performance Standards:

- Performance Standards are not specified for this procedure.

Path of Business Procedure:

Refer to appeals section from the Policy Support and Exception to Policy procedure. .

Forms/Reports:

N/A

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Page 3 of 2

View Options

Iowa Department of Human Services
Terry E. Branstad, Governor Kim Reynolds, Lt. Governor Charles M. Panner, Director

TO: Iowa Department of Inspections and Appeals
Division of Administrative Hearings

ATTENTION: Administrative Law Judge
FROM: Division of Medical Services, Catharine J. Havel, CLNC
DATE:
SUBJECT: Appeal Summary Member's Name, Appeal Number

An appeal was filed for member's name regarding a request for Home and Community Based Brain Injury Walker Services. The requested services were unable to be approved due to the determination that member's name does not have a qualifying Brain Injury diagnosis as required by Iowa Administrative Code (IAC) 441-83.82(1).

The Iowa Medicaid Medical Services staff conducted a review based on the documentation submitted by the case manager on Date, and determined Name did not have a qualifying Brain Injury diagnosis identified in IAC 441-83.82(1)(2)(b). Therefore, the information was submitted to a peer reviewer to determine if Member's name diagnoses meet the requirements set forth in the IAC as a qualifying Brain Injury diagnosis.

If Medical Services staff is unable to approve the service according to criteria the case is referred to a physician reviewer to make a medical necessity determination. According to IAC 79.9(2) the services covered by Medicaid staff:

- a. Be consistent with the diagnosis and treatment of the patient's condition,
- b. Be in accordance with standards of good medical practice,
- c. Be required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver,
- d. Be the least costly type of service, which would reasonably meet the need of the patient.

On Date the physician reviewer determined that Member's name diagnoses _____ therefore, she/he is not eligible for the Brain Injury Walker program.

On Date the case manager sent additional information: _____
This additional information was submitted to physician reviewer and returned with the previous details upheld.

The department maintains the original decision to deny was correct, per Iowa Administrative Code 441-83.82(1). Catharine J. Havel will represent the Department of Human Services.

Thank you for your consideration in this matter. If you have any questions, please contact me at (515) 974-3057.

Iowa Medicaid Enterprise – 900 Army Post Road - Des Moines, IA 50315

Member Name
Appeal #

Sincerely,

Catharine J. Havel, RN, CLNC
Medical Services, Iowa Medicaid Enterprise

Enclosures:
Exhibit A
Exhibit B
Exhibit C

cc:

Iowa Medicaid Enterprise – 900 Army Post Road - Des Moines, IA 50315

Member Name
Appeal #

RFP Reference:
6.2.1

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Review Coordinator Peer-to-Peer Internal Quality Control

Purpose: Internal quality control (IQC) is a peer-to-peer review process completed on a percentage of LOC reviews from the previous month.

Identification of Roles:

Manager - Coordinates IQC and IQC reporting, determines percentage of reviews for IQC, reviews for inconsistencies.

Lead Review Coordinator (RC)- Assigns selected reviews for IQC process, enters results into spreadsheet, takes concerns or inconsistencies to manager and completes IQC.

Performance Standards:

- Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: By the fifth business day of the month the Lead RC will manually select random internal quality control (IQC) reviews based on the pre-determined sample.

Step 2: The Lead RC will pull the reviews from the monthly waiver performance report.

Step 3: After the sample group is identified the Lead RC will distribute the list to the RC to complete an IQC review.

Step 4: The RC will complete the IQC review.

Step 5: The Lead RC completes the IQC review by entering the data on to the Excel spreadsheet

Step 6: The Lead RC will notify the manager that the IQC process has been completed and the spreadsheet is available for review on the share drive.

Step 7: The Lead RC will review spreadsheet and forward appropriate feedback to each RC insuring that corrections are made in a timely manner and provide education training or other remediation as needed.

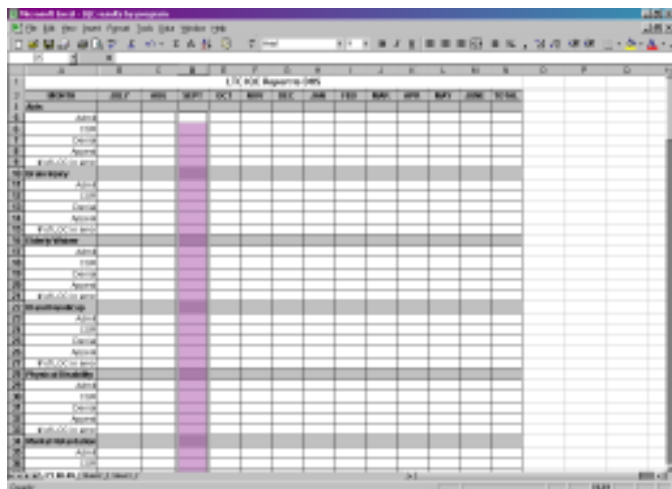
Step 8: The manager will review the spreadsheet and compile a quarterly outcome report to be included in Medical Services' quarterly report submitted to the DHS on the IME Universal drive \\Dhsime\IMEUNIVERSAL\Quarterly Progress Reports\FY XX\XQFYXX\ Medical Services

Step 9: In the IQC outcome report, the manager will list:

- a. Cases Reviewed
- b. Possible points
- c. Received points
- d. > 95% agreement
- e. Peer resolution
- f. Manager resolution

Forms/Reports:

IQC Outcome Report



The screenshot shows an Excel spreadsheet titled "IQC Outcome Report". The spreadsheet has a grid of data with columns for months (JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC) and rows for various medical services. The services listed include: Adult, Child, Elderly, Pregnant, Postpartum, and various types of care (e.g., Adult, Child, Elderly, Pregnant, Postpartum). The data is organized into sections for each service type, with rows for each month. The spreadsheet is currently displaying the "Adult" section, with the "JAN" column selected.

RFP Reference:

N/A

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Reports

Purpose: To meet all performance standards and complete all required reports.

Identification of Roles:

Manager - tracks and reports performance standards, updates manual and complete reports

Path of Business Procedure:

Step 1: The manager will access ISIS management reports and clinical data documented in WPM to report the following to DHS policy staff monthly:

- a. IQC Outcome Reports

- b. Timeliness Report
- c. Waiver Late Assessments
- d. LTC Complete Monthly Report

Step 2: The manager compiles quarterly report and other ad hoc reports as requested.

Forms/Reports:

The manager will prepare an annual report comparing assessment activity from one fiscal year to the next.

Monthly reports are compiled to include: Admission LOC totals, broken out by approvals and denials; SSR LOC totals, broken out by approvals and denials; 95% and 100% timeliness data also broken out by admission or SSR review.

	A	B	C	D	E	F	G	H	I	J	K	L
1	January 2013											
2	Program	ADM Approvals	ADM Denial	ADM Totals	ADM 95% Timely	ADM 100% Tim	CSR Approvals	CSR Denial	CSR Totals	CSR 95% Timely	CSR 100% Timely	Total Reviews
3	IDW	89	7	96	96	96	904	2	906	900	906	1002
4	KCFMR	11	0	11	11	11	279	0	279	279	279	290
5	BR	9	6	15	15	15	103	0	103	100	103	118
6												
7	February 2013											
8	Program	ADM Approvals	ADM Denial	ADM Totals	ADM 95% Timely	ADM 100% Tim	CSR Approvals	CSR Denial	CSR Totals	CSR 95% Timely	CSR 100% Timely	Total Reviews
9	IDW	110	5	115	112	115	1083	3	1086	1086	1086	1201
10	KCFMR	11	0	11	11	11	158	0	158	158	158	169
11	BR	15	1	16	16	16	108	1	109	108	109	125
12												
13	March 2013											
14	Program	ADM Approvals	ADM Denial	ADM Totals	ADM 95% Timely	ADM 100% Tim	CSR Approvals	CSR Denial	CSR Totals	CSR 95% Timely	CSR 100% Timely	Total Reviews
15	IDW	106	8	114	113	114	960	4	964	964	964	1078
16	KCFMR	9	0	9	9	9	155	0	155	155	155	164
17	BR	6	0	6	6	6	102	0	102	101	102	108
18												
19	Q3 totals											
20	Program	ADM Approvals	ADM Denial	ADM Totals	ADM 95% Timely	ADM 100% Tim	CSR Approvals	CSR Denial	CSR Totals	CSR 95% Timely	CSR 100% Timely	Total Reviews
21	IDW	305	20	325	321	325	2947	9	2956	2950	2956	3281
22	KCFMR	31	0	31	31	31	592	0	592	592	592	623
23	BR	30	7	37	37	37	313	1	314	309	314	351
24												
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38												

RFP Reference:

- 6.1.3.4.1
- 6.1.3.4.3

Interfaces:

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit
N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Quality Assurance Review Member Information Request

Purpose: To review the Medicaid member's interdisciplinary team records, and address the following desired outcomes:

- a. Service plan developed and implemented toward a positive outcome
- b. Necessary health, safety and welfare needs are monitored
- c. Services identified need for approved level of care

Identification of Roles:

Review Coordinator (RC) – will complete a quality assurance interdisciplinary review of all information received.

Program Specialist (PS) – will manage the ongoing functions of quality assurance database.

Project Assistant (PA) – will support the RC with duties including mail merge, stuffing letters, taking letters to mailroom for stuffing, printing of letters and final tools.

Quality Improvement Facilitator (QIF) – will complete IQC reviews on QA sample monthly

Manager – will monitor database, all staff, process, process data, review outcomes, coach staff and answer questions.

Performance Standards:

- Performance Standards are not identified for this procedure.

Path of Business Procedure:

Step 1: A desk review is conducted monthly on a percentage of waiver members as determined by the DHS waiver program.

Step 2: The list from data warehouse to review each month will be submitted to the OnBase staff.

Step 3: The CM and/or SW and specific provider(s) will be sent a letter requesting information using names and addresses from ISIS.

Step 4: The RA will mail second request letter to those TCM, CM, or SW provider(s) who have not submitted information within 15 business days.

- a. Medical records and/or documentation received at IME facility from providers at the front desk, through a fax or the mailroom will be electronically scanned and forwarded to the RC upon arrival.

Step 5: Compact Discs of information will be forwarded to the RA to batch together and import into OnBase and then forwarded to the RC.

Step 6: The RC will not begin the quality review until all providers who have been requested to submit information submit the requested records.

Forms/Reports: First and Second Request letter



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

[REQUEST_NUMBER] REQUEST

[Worker_Name]
[Worker_Addr]
[Worker_City], [Worker_State] [Worker_Zip]

RE: [Member_Name]

SID# [State_ID]

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts quality reviews of waiver provider records under contract with the Iowa Department of Human Services. The purpose is to perform a comprehensive quality review of all services received by randomly selected Medicaid members.

Do not send original documents. Please submit copies of [Member_Name_2] records for the dates of [Begin_Date] through [End_Date], including:

- Waiver assessment tool
- Comprehensive assessment
- Service plan
- Crisis plan
- Safety plan
- CDAC agreement
- Contact records
- Documentation regarding referrals and follow-up
- Documentation supporting identified level of care
- Incident reports
- Goals and outcome documentation

Use this request as your face sheet to better process your information. This information should be received by IME within fifteen (15) business days from date of this request. Documentation should not include paper clips, staples or highlighting. Information should be faxed or mailed to:

Iowa Medicaid Enterprise
[Unit_Name]
P.O. Box 36478
Des Moines, IA 50315
Fax number [Fax_Number]

Information can also be submitted on compact disc (CD) in PDF format only. Your cooperation in submitting the member's record for review is mandated by the Department of Human Services.
[Contact_Info]

Iowa Medicaid Enterprise
Medical Services

cc: [Worker_Supervisor]

Reference #: [Reference]

A copy of this letter must be included as the first page of your documentation.

470-4964 (8/10)

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

RFP Reference:

Interfaces:

N/A

Attachments:

N/A

MED - Quality Long Term Care Waivers Quality Assurance Review Completion

Purpose: To review supporting documentation supplied by providers.

Identification of Roles:

Review Coordinator (RC) – completes the quality review.

Path of Business Procedure:

Step 1: The RC will utilize the member's record to complete the identified measures located in the quality tool.

Step 2: The RC will review all of the records submitted by the providers as an interdisciplinary team review.

Step 3: The RC will complete one tool, and the same tool will be submitted to all the providers who submitted records.

Step 4: The RC will review the records to answer each quality component in the Waiver Quality Tool.

Step 5: The RC will evaluate and look for the following items:

- a. Member's individualized safety risks are identified.
- b. Intervention(s) to address safety risks are in service plan.
- c. Documentation indicates the adult member takes nine or more over the counter and prescription medications; OR documentation indicates the child member takes five or more over the counter and prescription medications; AND the physician's aware.
- d. Member had diagnosis or rational documented for each medication taken.
- e. Documentation of a major incident reflects submission to DHS
- f. Documentation supports level of care determination.
- g. Services received reflect level of care determination.
- h. LOC completed in the last twelve months.
- i. Service plan addresses the member's needs.

- j. Service plan implemented as written.
- k. Evidence of team communication regarding services coordinated by TCM, CM, or SW.
- l. Member is meeting goals as written.

Step 6: The RC and QIF record information as specified on the waiver form in OnBase.

Step 7: Staff must give a score and a rationale for the score based on set number one on the access database form.

[illegible]

Step 8: This is a sample of the form that the RC will use to enter the information in OnBase. This is a partial picture of the form, the RC will scroll down to complete all areas of the form.

Step 9: The outcome of the quality assurance review will be included in a follow-up letter with quality tools attached and mailed to the CM and/or SW and provider(s) within 30 calendar days by the RA.

- a. If a provider does not supply documentation for a review then the provider will receive the following letter.

Forms/Reports: SAMPLE final letter and tool described in next section, if records were submitted:



[Prov_Name]
[Prov_Addr]
[Prov_City], [Prov_State] [Prov_Zip]

RE: [Member_Name] SID# [State_ID]

Dear Waiver Provider:

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts quality reviews of waiver provider records under contract with the Iowa Department of Human Services. The purpose is to perform a comprehensive quality review of all services received by randomly selected Medicaid members. The review results are shared with all providers that submitted documentation as part of the quality review. Enclosed is the completed review.

[Contact_Info]

Iowa Medicaid Enterprise
Medical Services

Enclosure

470-4957 (8/10)

Iowa Medicaid Enterprise – 100 Army Post Road – Des Moines, IA 50315

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Member Name:

SID:

Date of Desk Review:

Reporting Month:

Review Coordinator:

MEDICAL SERVICES - - WAIVER QUALITY TOOL		
Quality Component: (1) Member's service plan developed and implemented toward a positive outcome.		
Measure	Met?	Comments
A Service plan addresses the member's assessed health risks.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
B Service plan has intervention/s to address assessed safety risks.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
C Service plan addresses the member's assessed needs.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
D Service plan contains a plan for emergencies and supports available to the member in the event of a emergency.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
E Service plan addresses the member's personal goals.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
F Service plan contains signature of member or guardian.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		
G Service plan names <u>all</u> of the member's providers.	- ▾	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes		

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

H	Service plan lists the funding source for all services listed on the plan.	-	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes			
I	Service plan lists the amount of services to be received by the member.	-	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes			
J	Services identified on the service plan appear to be received by the member.	-	[Set 1 - Scoring] [Set 2 - Optional] [Set 3 - Remediation]
Notes			

WAIVER QUALITY TOOL - OVERALL SCORE - NOTES[illegible]



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
IA Governor

Charles M. Palmer
Director

[Worker_Name]
[Worker_Addr]
[Worker_City], [Worker_State] [Worker_Zip]

RE: [Member_Name] SID# [State_ID]

Dear Waiver Provider:

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts quality reviews of waiver provider records under contract with the Iowa Department of Human Services. The purpose is to perform a comprehensive review of all services received by randomly selected Medicaid members. However, a review was not conducted as no records were submitted to IME.

[Contact_Info]

Iowa Medicaid Enterprise
Medical Services

cc: [Worker_Supervisor]

470-4958 (8/10)

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

RFP Reference:

6.2.6.2

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Brain Injury Waiver - Disruption of Business Plan

Purpose: To provide procedures for the continuation of business in the event of inability to utilize electronic programming.

Identification of Roles:

Review Coordinator (RC) – responds to LOC requests. All activities will be noted on the manual tracking log.

Project Assistant (PA) – receives LOC request, enters on spreadsheet, routes to the appropriate RC and sends notices to providers as needed. All activities will be noted on the manual tracking log.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for medical services and conducts internal quality control for review decisions.

Path of Business Procedure:

Step 1: The PA will receive LOC certification forms by fax.

Step 2: The PA will forward requests by telephone to the RC based on the criteria established by the manager.

Step 3: The PA will log calls and capture the following information:

- a. Date received
- b. Member name
- c. Member SID
- d. Caller name
- e. Services requested
- f. RC assigned

Step 4: The RC will document LOC determinations in a paper tool:

- a. Date Received
- b. Member Name
- c. Member SID
- d. Type of program request
- e. Date additional information requested
- f. Date additional information received
- g. Date of PR
- h. Status of request

Step 5: The RC will document review information following the LOC review outline.

Step 6: The RC will enter review information in WPM and ISIS when systems are restored.

Step 7: The RC will document compliance with criteria by paper copies of criteria utilized for IQC process.

Forms/Reports:

Following is the paper tool the RC will complete.

Date Received	Member Name	Member SID	Service Requested	Date additional information requested	Date information received	Date of PR	Status of LOC determination

Following is the Call Log Spreadsheet the RA will complete

Date received	Date/Time RC contacted	Member name	Member SID	Caller Name	RC assigned	Services Requested

RFP Reference:

6.2.6.2

6.2.6.3

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Waivers Certification Urgent Request

Purpose: The review coordinator (RC) will discuss with their manager and log the request.

Identification of Roles:

Review Coordinator (RC) – enter urgent care request in Individualized Services Information System and urgent request tracking log.

Manager - Report the number of urgent care requests and timeliness quarterly to corporate Utilization Review Accreditation Committee (URAC) compliance staff.

Director - Ensure the percent of timely urgent request are reported on the URAC compliance dashboard quarterly.

Path of Business Procedure:

Step 1: Urgent requests for prior authorization of services will be reviewed and a decision rendered and communicated in no less than 72 hours from receipt of the request.

Step 2: A request is urgent if the situation poses an immediate threat to the health and safety of the Medicaid member or if the attending physician, member or family member indicates that the need is urgent. This time frame includes holidays and weekends.

Step 3: When an urgent request is received, the staff member will confer with manager and log the request on the spreadsheet located at MedSrv/Urgent Requests/Urgent Request Tracking.

Form/Reports:

Urgent Request Tracking

Program	Review Coordinator	Member L. Name	Member F. Name	SID	Requestor	Initial Date of Service	Date & Time of Request	Decision	Date & Time of Decision	No. of Hrs.	Notes

RFP Reference:

N/A

Interfaces:

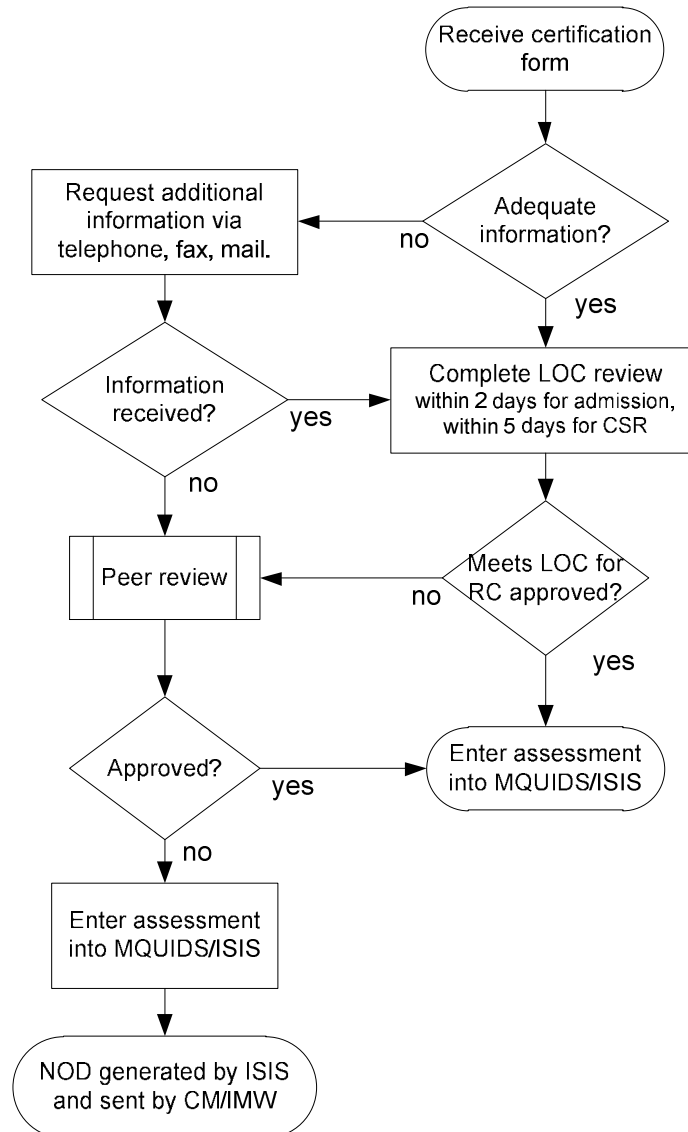
N/A

Attachments:

N/A

Attachment A:

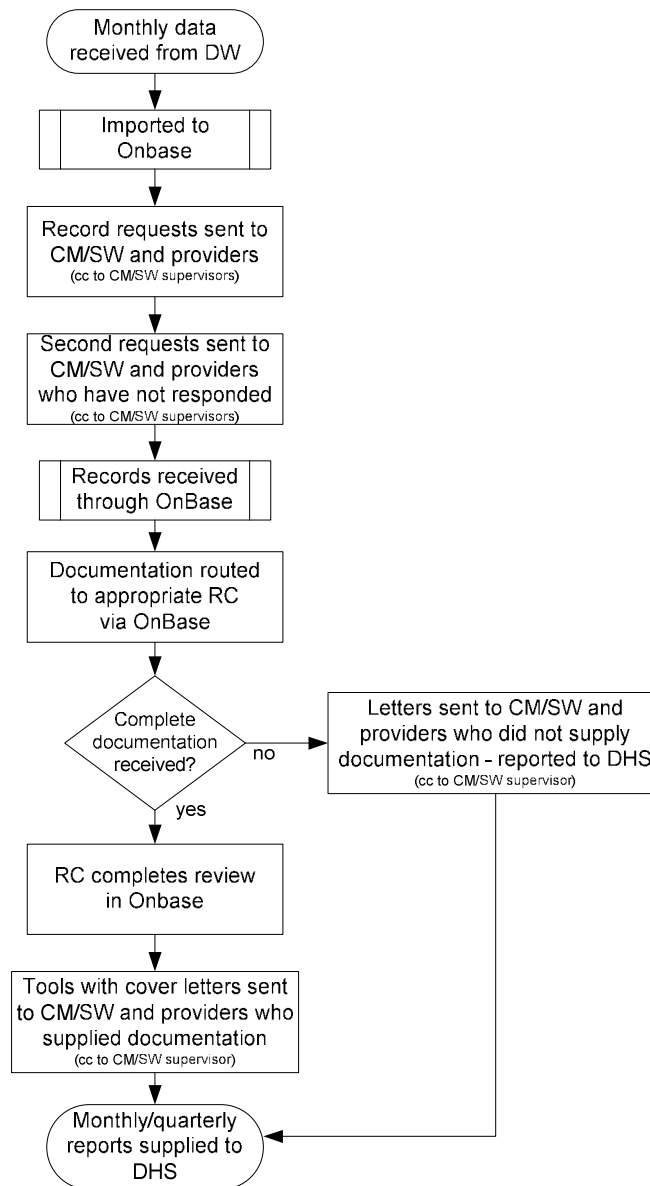
Medical Waiver Assessments



\\dhstime\MEDSRV\Process Maps\WaiverAssmt.vsd

Attachment B:

Waiver QA



Attachment C:

ADMINISTRATIVE LAW JUDGE APPEALS

